

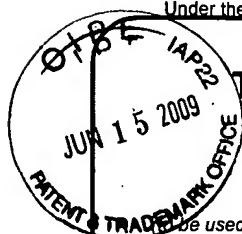
## Document Description: Transmittal Letter

PTO/SB/21 (06-09)

Approved for use through 06/30/2009. OMB 0651-0031

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# TRANSMITTAL FORM

Use for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/538,126

Filing Date

June 6, 2005

First Named Inventor

Shunsuke Kuroiwa

Art Unit

1624

Examiner Name

Jaisle, Cecilia M.

Attorney Docket Number

442P097

## ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below):

-Issue Fee Transmittal Letter

-Part B - Issue Fee Transmittal Form

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Nields, Lemack &amp; Frame, LLC

Signature

Printed name

Kevin S. Lemack

Date

June 10, 2009

Reg. No.

32,579

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Kevin S. Lemack

Date

June 10, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**BOX ISSUE FEE**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

Group Art Unit: **1624**

**Shunsuke Kuroiwa et al.**

Examiner: **Jaisle, Cecilia M.**

Serial No.: **10/538,126**

Filed: **June 6, 2005**

Allowance Date: **4/8/2009**

Case No: **442P097**

Confirmation No: **2218**

Customer No: **42754**

For: **3-Phenyl-Cinnoline Analogue And Antitumor Agent Using The Same**

Mail Stop: Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

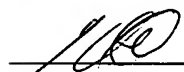
**LETTER OF TRANSMITTAL**

Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of **\$1840.00** in payment of the **issue fee, publication fee and the advanced order fee** for the above application.

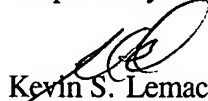
Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. **14-0930**.

Please notify Applicant's attorney if any problems should arise.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 10, 2009

  
\_\_\_\_\_  
Signature: **Kevin S. Lemack**  
Date: June 10, 2009

Respectfully submitted,

  
**Kevin S. Lemack**  
Attorney for Applicants  
Registration No. **32,579**  
**Nields, Lemack & Frame, LLC**  
176 E. Main Street-Suite 5  
Westboro, MA 01581  
TEL: (508) 898-1818

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FREE TRANSMITTAL**  
**For FY 2009**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,840.00

**Complete if Known**

Application Number	10/538,126
Filing Date	June 6, 2005
First Named Inventor	Shunsuke Kuroiwa
Examiner Name	Jaisle, Cecilia M.
Art Unit	1624
Attorney Docket No.	442P097

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields, Lemack & Frame, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
<b>Total Claims</b>		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

Fee (\$)	Small Entity Fee (\$)
52	26
220	110
390	195
<b>Multiple Dependent Claims</b>	
Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number)	x _____	= _____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Issue Fee, Publication Fee &amp; Advanced order fee

Fees Paid (\$)

\$1840.00

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent) 32,579	Telephone 508-898-1818
Name (Print/Type) Kevin S. Lemack		Date June 10, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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